MEDICAL EXAMINER.

NEW SERIES.

No. 49.] PHILADELPHIA, DECEMBER 3, 1842. [Vol. I.

Case of Idiopathic Tetanus cured by Spirits of Turpentine.

By Q. Gibbon, M. D.

To the Editors of the Medical Examiner.

Gentlemen,—I believe the subjoined case will go far to sustain the much reputed powers of turpentine in Idiopathic Tetanus.

Charles, son of James S., aged about four years, was seized with stiffness of the lower jaw, September 26th, 1842.

Sept. 27th. Mouth open to the extent of one-fourth of an inch; jaws immoveably fixed in that position; rigidity of the abdominal muscles and of the inferior extremities, accompanied by pain upon pressure or motion; occasional spasms, during which the head was thrown back as in opisthotonos; no fever; no cerebral derangement; bowels obstinately constipated; spine free from tenderness; arms unaffected.

Under the impression that worms might have something to do with the above train of symptoms, a full dose of spigelia, followed by castor oil and spt. terebinth., was given.

28th. The purgative had operated briskly, but brought away no worms; no amendment. Ordered calomel 2 grs., opium ½ gr., every two hours, until sleep should be induced. Warm-bath for half an hour night and morning, and fomentations of hot turpentine to the spine.

29th. No sleep; no amendment save a slight relaxation of the jaw. Continue as yesterday, and apply a blister to the spine.

30th. Still no sleep. Castor oil ℥j; spts. terebinth. ℥ii; after the operation of which give laudanum twenty-five drops every three hours.

Oct. 1st. Purged freely. Laudanum has produced no narcosis whatever. Jaws somewhat relieved; no other change. Laudanum by the teaspoonful every two hours until sleep should be induced; length of the bath increased to one hour twice a day.

2d. Slight flush in the face; occasional delirium; opisthotonos to a considerable extent. Discontinue the laudanum, and substitute twenty-five drops spts. terebinth. with same quantity of tinct. assafœt. every four hours.

3d. Opisthotonos on the increase. Dr. Keasley saw the patient to-day, and recommended a teaspoonful of the turpentine every two hours.

4th. No change. Take a teaspoonful of the turpentine every hour.

6th. Copious discharges of black fœcal matter; slight relaxation while in bath. Continue the turpentine as before.

7th. Black stools continue; further relaxation while in the bath, much exhaustion from the latter. Continue the turpentine and use the bath but once a day.

8th. Evident amendment; limbs more relieved; sleep; stools not so black; nausea from the turpentine; give one teaspoonful every two hours.

9th. Slept better; rigidity less; appetite for the first time; stomach still rejects the turpentine. Discontinue it, and substitute small doses of laudanum.

11th. Rigidity much diminished; appetite improved; has slept soundly. From this period the boy slowly recovered under the use of small doses of laudanum and the daily use of the bath.

Remarks.—The above case presents some peculiarities worthy of note. The reader will be surprised at the large amount of calomel and opium administered, and their almost entire nullity of effect. No ptyalism or other effect from the calomel was perceived, and but a temporary flush and delirium from the opium and laudanum. I am induced to believe from inquiry of the mother, that the child took in the course of four days about forty grains of calomel fifteen grains of opium and fifteen teaspoonfuls of laudanum; and yet under these large doses the patient grew worse, the opisthotonos which was at first paroxysmal, becoming permanent. The appearance of the copious black fœtid discharges upon the fourth day from the first administration of the turpentine, seemed to be the signal for the abatement of the tetanic symptoms.

Salem, (N. J.) Nov. 24th, 1842.

Anomalous cases of Pregnancy; with Remarks.

By John M. Turner, M. D.

As we have thought nothing more calculated to stimulate the minds of medical practitioners, to a farther and deeper research in the profession, than the relation of rare and uncommon cases, (accompanied with remarks,) we have concluded to give a brief sketch or history of the two following, which have fallen under our observation within the present year, and which at the time somewhat excited our curiosity.

Case 1st.—Mrs. H———, a female of small stature, about thirty years of age, of delicate constitution, and mother of several children, became pregnant; her pregnancy, however, was borne with more difficulty, or as she expressed it, with more suffering than any of her former pregnancies, so that she looked forward to the time of her accouchement, with some degree of evil foreboding.

Her labour at length came on, but was delayed a month or longer, beyond the time of calculation; was conducted with tardiness and considerabte irregularity in the uterine efforts. After passing through a somewhat tedious labour, however, and without sustaining any permanent injury, a living fœtus was expelled, but which was immediately followed (by the expulsive efforts of the same pain) by a large *fleshy mass* about four inches in length, and nearly the size of a man's arm. In due length of time, about thirty minutes, the placenta and membranes were safely detached, and no untoward symptom afterwards, to mother or child.

The only thing uncommon in the above case, was the expulsion of the fleshy mass which did not bear any particular marks of organization or life, though, when cut into, appeared to be partly like muscle half macerated in water, and another part almost like a diseased tumour of a scirrhous nature. One portion of it seemed as if it adhered pretty firmly to the interior of the uterus; the other part was covered with a thin skin, somewhat granular in appearance, more like the skin covering the breast of a turkey or chicken, than any thing else I can compare it to. It was not attached to the placenta in any way that I could discover. Not having an opportunity to weigh it, I cannot give the exact weight, but suppose it was nearly two pounds.

Case 2d, was similar in many respects to the one just described. It was a coloured woman about thirty years of age, (property of a gentleman in my neighbourhood.) She had borne several children, and from the unusual size of the abdomen, was thought to be pregnant with twins. Her gestation was borne with difficulty; and much alarm, combined with evil apprehensions concerning her approaching confinement, haunted her mind continually.

The time of her accouchement at length arrived, and as in case first, the labour was slow and tedious, from which circumstance, and its being a presentation of the feet, I was sent for in haste. When I arrived, the midwife had brought down the feet, legs, andbody of the fœtus, in which condition I found it, with the arms and cranium lying pretty firmly locked in the maternal pelvis. I learned it had been in this situation more than half an hour; without much difficulty I extricated the arm that lay imbedded in the hollow of the sacrum, and the expulsion of the cranium soon followed by the next uterine effort; but as I had expected and predicted on my arrival, from finding the umbilical cord cold and circulation ceased or arrested, from the pressure it had so long sustained, the life of the fœtus was extinct.

As soon almost as the fœtus was delivered with the next pain that followed, and before the placenta, came a large *mass* surrounded with coagulated blood, which on being examined bore pretty much the appearance of the one described in case first. Instead of being the same length, it was more rounded and a little larger than the first, having the appearance on one side as if it adhered to the interior of the uterine cavity by a kind of pedicle, and covered nearly all over with a skin of the granulated appearance as the other; but when cut into with a scalpel, instead of putting on so much the appearance of a *fleshy fibrous* mass, looked more like a diseased substance, being tough, tuberculated, and semi-cartilaginous throughout.

This being the second case of the kind I have met with in one year, and having come across no other like it in eight years previous practice, I was resolved to investigate more particularly the nature of the substance, and consequently availed myself of the opportunity of procuring it; which I did, and now have it preserved in alcohol, a fine specimen for a museum. It weighs a small fraction over two pounds, and seems to be studded through some part of it with little concretions, almost like tubercles. It is curious in both cases; the mass or substance was totally unconnected with the placenta or fœtus, but seems from the appearance of one side of it, to have adhered firmly to the cavity of the uterus. That cases do occur occasionally in which the uterus contains and expels substances of a fleshy, bloody, fibrinous or aqueous nature, while in a diseased condition, or as a consequence of a blighted conception, we have ample evidence; but for such to occur at the end of a healthy gestation, and that too when we find the fœtus perfect, as far as my observation extends, we think uncommon and rare; and in fact as far as our reading extends, we do not recollect exactly a similar case. The nearest to the point I have recently seen in print, is related by Dr. Meigs of Philadelphia, which is about as follows. (Vide Medical Examiner, page 185, 1st volume, March 19th.) After relating a case of natural labour, he says—"Attached to the edge of the placenta was another mass of an indurated structure, like a gland; to this gland-like substance was a pedicle or chord which enlarged, and which contained at its extremity a mass or substance shrivelled, and looking like a mummy." Dr. Meigs thinks his was a case of twins, in which one of the twins had perished at about two months after conception, while the other survived throughout the full period of utero-gestation. Another case of a nature

similar to the one referred to by Dr. Meigs, will be found recorded in the "Lancet," for September, 1836, and extracted from it by the Editor of the Southern Medical and Surgical Journal, where Mr. Owen Fox relates a case which fell under his observation and care, of a female that had been recently delivered of a fine healthy child, when after waiting a short time, and during a strong pain, he made slight extension on the cord, while the placenta, together with the mass, came away. On examining the latter, he found it to consist of a *small fœtus* about five inches in length, which he considered to be a parturition of a child at full time, and a blighted fœtus. The question then suggests itself—Would the same opinions as entertained by Dr. Meigs and Mr. Fox, in these cases, be applicable to the cases I have above related? Though the cases of these gentlemen approach nearer to such as I have given, than any I have seen in print, still the difference is too great, we think, to arrive at exactly a similar inference; for it is evident that the substance or mass mentioned by these gentlemen, had all the evidence of organization, or that they had been truly vitalized bodies, possessing a regular form and shape, which I could not detect in the two cases I have given.

From the great dissimilarity then existing in the true nature of the substances expelled, which we find does exist when we come to examine them nicely, we have thought that ours were genuine cases of conception of one fœtus that was carried to full maturity, while the mass that was expelled directly after the full grown fœtus, was what is termed a ***false conception*** or ***mole;*** that is the consequence of a real conception, which took place at the time or soon after the genuine impregnation, but which perished directly or before the period that nature begins to fashion or form it into any regular shape; but which, notwithstanding the loss of vitality, continued to grow and become converted into that peculiar fleshy fibrous mass already described. Professor Rigby says—"Where any cause has occurred to destroy the life of the embryo during the *early weeks* of pregnancy, one of two results follows, either that expulsion takes place sooner or later, or the membranes of the ovum become remarkably *changed*, and continue to grow for some time longer, until at length they form a fleshy fibrous mass, called mole, or false conception. Again, La Motte says—"Every mole is a blighted ovum, which has been the product of conception." Further—It is well known that the vinous absorbing radicles of the chorion, which give it that shaggy appearance during the first months of pregnancy, are the means by which the embryo is furnished with a due supply of nourishment at this period. If the embryo should die from any cause, and the uterus show no disposition to expel the ovum, the nourishment which has been collected by the absorbing power of the chorion, appears now to be directed to the chorion itself, which therefore puts on a fleshy and sometimes fibrous growth, and increases rapidly in size.

Such we think to be the true physiological explanation of the formation of mole or false conception. And if the mass that we have described be the consequence of a blighted ovum, where did the conception of the same take place? At the time of the genuine conception that carried a fœtus to maturity, or after, while pregnancy was progressing? Here arises the question of superfœtation or double conception, of which we have many cases recorded by Professor Dunglison in his physiology, and consequently we have thought that possibly it took place after the genuine conception, and if so, was probably the main cause of its premature decay and change of structure, which we have described, on the principle that the most vitalized portion of the

maternal blood being sent to the support of the first conception, the latter must naturally decay, or at least lose its vital principle. It might perhaps be suggested by some that the substance we have described partook of the nature of tubercle or some such diseases or tumours that affect the uterine cavity. But then we would ask the question, how could an individual labouring under disease go through a healthy utero-gestation, and bring to full purfection a healthy and living fœtus, when the nature of such diseases are to wear down the strongest constitutions? That it was something connected with pregnancy and utero gestation we think admits of no doubt, as the subjects in both cases gave no evidence of any uterine affection, existing previous to conception, nor since delivery. If it was truly mole existing with true pregnancy, it seems something novel in obstetric medicine.

Barnwell District, (S. C.) Nov., 1842.

BIBLIOGRAPHICAL NOTICE.

On certain Medical Delusions. An Introductory Lecture to the Course of Institutes of Medicine in Jefferson Medical College of Philadelphia. Delivered November 4, 1842. By ROBLEY DUNGLISON, M. D. Published by the Class. Philadelphia: pp. 34.

This is a sprightly, entertaining, and, in a measure, instructive lecture. Professor DUNGLISON possesses a happy tact in treating subjects of this character, and on the present occasion has not done himself injustice. At this time when quackery of all kinds is so recklessly encouraged by society, and its promises of speedy success and sure and rapid emolument are so temptingly offered, a sketch of the prominent "medical delusions" which have diverted physicians from the straight paths of science, is an acceptable service to the young student. As a specimen of the Doctor's style and method of treating his subject we subjoin the following paragraphs.

"Every age, gentlemen, has its follies. I have endeavoured to depict some of those that belong to the past, and to our own; and whose decadency we shall witness in no short time, to give place, alas! to others. In the case of homœopathy the revolution has already begun. Hydropathy is supplanting it in Germany, the place of its nativity. In the Homœopathic Hospital at Leipzig, the head quarters of the doctrine, a recent medical traveller found only eight beds; and of these, all but two or three were unoccupied; whilst the village of Gräffenberg was absolutely crowded with those who were undergoing the *Wassercur*, or 'water treatment' of Priessnitz, 'an unlettered and uneducated hind' of the Silesian mountains, who has induced some seven or eight thousand invalids, in the course of the last ten years, to submit themselves for weeks and months to his treatment. Regarding this, there is a growing enthusiasm; and a recent writer—a patient—in his zeal, informs us, that sleeping in wet sheets is by no means the disagreeable thing it is usually conceived to be. The first step may be so; but the subsequent sensations are said to be indescribably delightful.

"There were—we are told—under Priessnitz's care, in 1841, an archduchess, ten princes and princesses, *at least* one hundred counts and barons,

military men of all grades, several medical men, professors, advocates, &c., in all about five hundred! 'And besides this high patronage,' adds the same writer, "Priessnitz has accumulated solid pudding to the amount of £50,000; not from the accumulation of guinea fees, or journeys at a guinea a mile, or occasional cheques of £1000 in nightcaps thrown at the surgeon's head, but from fees ranging from the minimum of four shillings a week to the maximum of double that small sum, and from the profit arising from his great boarding house, where his patients are fed for eight shillings a week, and lodged for four shillings more."

"But the reported success of the *Wassercur* is not yet so astounding as that of St. John Long, or of the metallic tractors of Perkins. Amongst those, in England, who furnished vouchers for the value of the tractors as therapeutical agents, with their names affixed to their communications, were eight professors in four different universities, twenty-one regular physicians, nineteen surgeons, thirty clergymen, twelve of whom were doctors of divinity, and numerous other characters of equal respectability; and it was estimated by the London Perkinistic committee, that the number of cures, which had been effected by the tractors up to the period of their report, exceeded *one million five hundred thousand!* And where, it will be asked, is the Perkinistic Institution, where Perkinism itself, now? and Echo answers,—Where? They are both remembered only as the delusions of a by-gone period.

"So goes the world. The Rocks and the Brodums, the Solomons and the Eadys; Perkinism and Thomsonianism, Brandy and Salt, Homœopathy and Hydropathy,

> 'In turns appear, to make the vulgar stare,
> 'Till the swoln bubble bursts—and all is air.'

"Happily, one only of those delusions—Thomsonianism—is indigenous with us. The rest are imported. 'Why!' says one of the most distinguished of Irish medical philosophers, in a letter to me, 'why do you not send us something in return for the inflictions of phrenology, mesmerism, homœopathy, &c., which we put upon you?' Yet, Great Britain herself has but adopted these. She derived them, with most of her nursery literature, her Jack and the Bean Stalk, her Jack the Giant Killer, her Tom Thumb, and many of her popular superstitions, from intellectual but imaginative and mystic Germany. Phrenology and mesmerism, homœopathy and hydropathy, are all German; and undoubtedly, in the minds of most, they are more regarded when administered by a German. Yet have they not generally met with honour in their own country;—assuredly with far less than elsewhere.

"First of all, these moral epidemics fade in their primitive seat. Like many well known pestilences, they cross the western main, rage for a while, and ultimately sink beneath the western horizon; to rise again, however, in the east, in the revolution of ages, but under some new phases, and to follow the same path.

"Thus has it likewise been with many popular delusions. Alchemy and the *witch mania* of former ages, are in the 'deep bosom of the ocean buried;' but fortune-telling and astrology yet exist among us.

> 'And men still grope t' anticipate
> The cabinet designs of fate;
> Apply to wizards to foresee
> What shall and what shall never be.'

"The Mississippi scheme, the South Sea bubble, and the Tulipomania, were the delusions of former periods; but the nineteenth century has been prolific in similar bubbles, and can offer its wild commercial and land speculations; its morus multicaulis mania, and its joint stock companies. The same causes are at the root of all popular delusions. They spring from the credulity of man; his love of the marvellous; his unbounded enthusiasm in the prosecution of whatever may hold out prospects for improving his position, and for ministering to his health and comfort. It is idle, then, to attempt to enact laws against empirical remedies or practices only. To do good, they should be directed against all forms of empiricism and delusion; but even then they must fail. The evil is in the natural constitution of the human mind, and does not admit of eradication. The only feasible course is to educate the people; to instruct them in the operations of the human body; to introduce the study of physiology into the common schools; and to steel the youthful mind, as far as practicable, against the arts of the unprincipled and the ignorant.

"As for the course of the physician it is clear. To avoid even the semblance of persecuting any body of men—however insignificant or unworthy—so as to excite undue sympathy for them. All sects, and the followers of all systems, are glad to raise the cry of persecution; and the people are prepared to believe, that instead of the opposition of the profession being honest and upright, it originates in interested and sordid motives. The observing and reflecting physician can derive information from every sect, and from every form that empiricism assumes, or has assumed. Thomsonianism, homœopathy, and hydropathy have all added to the stock of useful knowledge; and physiology and psychology have been large gainers from phrenology and animal magnetism. Although, therefore, the philanthropist may deplore the pernicious effects of popular delusions on the masses, one consolation remains to him, that science, at least, progresses, and that the cause of truth is ever onward.

"'Let us not, then,'—to conclude, in the language of a very recent writer,—'in the pride of our superior knowledge, turn with contempt from the follies of our predecessors. The study of the errors into which great minds have fallen in the pursuit of truth, can never be uninstructive. As the man looks back to the days of his childhood and his youth, and recalls to his mind the strange notions and false opinions that swayed his actions at that time, that he may wonder at them, so should society, for its edification, look back to the opinions which governed the ages fled. He is but a superficial thinker who would despise and refuse to hear of them, merely because they are absurd. No man is so wise but that he may learn some wisdom from his past errors, either of thought or action; and no society has made such advances as to be capable of no improvement from the retrospect of its past folly and credulity. And not only is such a study instructive: he who reads for amusement only, will find no chapter in the annals of the human mind more amusing than this. It opens out the whole realm of fiction—the wild, the fantastic, and the wonderful, and all the immense variety of things 'that are not, and cannot be; but that have been imagined and believed.'"

ANALECTA.

Fracture of the Spine and Sternum.—Three cases of fractured spine, the sternum suffering by contre-coup, are recorded in the annual surgical report

of the Hotel-Dieu, published in the "Gazette Médicale." In each of the three cases there was complete separation of the first bone of the sternum from the second, the latter having passed up in front of the former, and causing a considerable projection. The organs of respiration and circulation were unaffected. These cases of fracture, with the exception of those recorded by David and Chaussier, are unique. A painter, while engaged at work on the walls of a church, fell from a height of twenty-five feet, the body in supination and across, on to a bench; there resulted fracture of the fourth dorsal vertebra, with complete paralysis of sensation and motion, and such a state of tension at either end of the sternum, as to separate completely the first bone from the second, this last bone being thrust forwards by the ribs, which were also propelled and drawn upwards by the contraction of the pectoralis major. The poor fellow survived forty days. Although the fracture was fully reduced, there was not any attempt at union. In a second case, the man, who had fallen from a great height, was brought dead to the hospital. In addition to the separation and displacement of the first and second bones of the sternum, there was complete diastasis of the articulations of the pelvis, considerable ecchymosis of the sub-peritoneal cellular tissue, fracture of the seventh cervical vertebra, and dislocation backwards of the right wrist, with fracture of the carpus. There was not any contusion on the anterior paries of the chest, and from the great separation of the bones of the pelvis, without the lower extemities having been bruised, it may be inferred that the man fell first on the nates, and then on the upper part of the spine, for both sides of the seventh cervical arch were broken. The fracture of the sternum must have resulted from its great tension and the contre-coup.

The third case occurred in the person of a man who fell upon the back, the fifth cervical vertebra being fractured, whence resulted loss of sensation and motion in the upper and lower extremities. The first bone of the sternum was in this case also separated from the second by contre-coup. A singular symptom, that of constant priapism, continued during the five days that the man survived the accident. A fourth part is reported from the Hôpital Cochin, in which the patient, an athletic carrier, fell from a considerable height on his feet on to a scaffold, and then fell back on the spine and head. The result was a grinding of both ossa calcis to powder, fracture of the spine, and of the left side of the cranium, with depression, and simple oblique fracture of the third bone of the sternum. The patient died in two days.—*Prov. Med. Journ., from Gazette des Hôpitaux*, July, 1842.

Cure of Sore Nipples.—Mr. J. H. Horne informs us that he had anticipated, in some printed remarks, "the injury which so valuable a remedy for sore nipples as the tincture of catechu must inevitably receive by using it injudiciously." Mr. Horne adds, "Mr. Davis's cases, published in the 'Students' Number' of the Lancet, Oct. 1st, are proof. I wrote,—the tincture of catechu has lately been introduced unconditionally as a specific for sore nipples. As such, disappointment must frequently be the consequence. Should it be prescribed in the inflammatory or early stage, it will increase the sufferings of the patient rather than ameliorate them, for the nipple becomes more hot, dry, and hard, and fresh cracks quickly follow, not a little heightened by the state of the system. After the state of excitement is gone by, and the nipple assumes a sloughy condition, then is the time when

the tincture of catechu exerts its beneficial influence. The following linimtne (both very old remedies for sore nipples) should precede the use of it, viz.:—

℞ Sub-borat. of soda, grs. x.;
Hot water, ʒi;
Oil of almonds, ʒvij.

Mix well, and make a liniment.

"I know not to whom we are indebted for these two very excellent remedies, but this much I know, that in my own practice, I can conscientiously state, that I never prescribed either without the patient's deriving immediate relief, and very shortly afterwards a cure; and if the practitioner do his duty they will be found to work theirs most assuredly. The directions that I enforce are these:—With a warm and moist sponge cleanse the nipple before the infant sucks, and also immediately after sucking, and then, with a camel-hair brush, apply the application; and on no condition do I allow the breasts to be neglected, or take for granted, from the nurse, that all is right, without seeing with my own eyes, and judging for myself.—*London Lancet*, Oct. 15, 1842.

Post-Mortem Examinations of the Genito-Urinary Organs.—Civiale conducts his examination of the genito-urinary organs as follows. Incisions on each side of the body are carried from the external margins of the abdominal ring, so as to meet each other at the posterior portion of the anus, and the pubes and ischium are divided in the same direction. The kidneys are detached without dividing the ureters, and, having made an incision through the intestine at the sacrum, the contents of the pelvis are easily removed. Having placed the parts upon a table, the portion of the pubes and ischium which have been sawn through are removed, so as to expose the anterior part of the bladder, the upper surface of the prostate, and the deep portion of the urethra. A catheter is introduced, and, having punctured the bladder at its fundus, an incision is extended through its body and neck, and the membranous portion of the urethra, to the root of the corpus cavernosum. The lateral and lower parts of the urethra are left undivided, for it is here that the chief alterations are found, care being always taken at once to examine the orifices of the seminal canals. In many of the examinations which Civiale has made of persons who have died after retention, or other affection of the urinary organs, he has found great dilatation of these orifices, and large quantities of pus have issued upon pressure of the vesiculæ seminales. The changes in the vesiculæ are those usually found as the result of inflammation, leading to disorganisation; it terminates sometimes by suppuration, but usually by induration, or even ossification.—*Ibid.*

Diseases that never co-exist.—Some very interesting results have been obtained by Professor Rokitansky, on the incompatibility of certain diseases with each other. From the earliest ages a vague idea has prevailed that two diseases could not co-exist in the system. This opinion was thus far modified by John Hunter, who says that "no two actions from two different morbid poisons can go on together at the same time, in the same part, or the same constitution." Later observations, while they have shown this statement, as expressing a general law, to be erroneous, have at the same time indicated, that certain diseases exert upon others an opposing influence, in

the way of the one arresting the course, in modifying the nature, of the other. For example, measles and small-pox have been observed to suspend, or modify, the course of each other. Hooping-cough sometimes suspends the small-pox, measles, and scarlet fever. Hooping-cough is frequently cured by vaccination. It is sometimes also cured by small-pox and measles. Vaccinia may suspend, or in its turn be suspended by, scarlatina. The plague was arrested by the prevalence of small-pox, but broke out again on its disappearance, according to Baron Larrey.

But these and other isolated facts were never of a sufficiently definite character to attract much attention; and it remained for Professor Rokitansky, whose unequalled opportunities of observation, and whose acknowledged accuracy create the most perfect confidence in his investigations, to put this matter wholly in a new light, by establishing, from an amount of cases that renders fallacy in the result almost impossible, that certain diseases never co-exist; as the presence of the one arrests the progress, or prevents the occurrence, of the other. The typhus abdominalis (that is, with formation of the characteristic typhous matter, and which by Rokitansky is always understood under the name of typhus,) is excluded by the various forms of puerperal fever. In two hundred dissections of puerperal fever he did not find one complication of the typhous process. This immunity from typhus is given by the pregnant state, child-bed, and even, though in a less degree, by suckling.

Typhus and cholera, and typhus and dysentery, are said to have the power of mutual exclusion; and the co-existence of tuberculous disease and typhus is extremely rare. Carcinoma and tuberculosis (i. e., tuberculous disease) are antagonist diseases; and the latter, and all kinds of serous cysts, are never met with simultaneously in the same organ, or even in the same individual. Tubercular disease affords an imuunity from cholera, dysentery, hypertrophy of the heart, curvature of the spine, dilated bronchia, and almost all chronic diseases of the stomach. Tuberculosis and aneurism do not coexist, and Rokitansky, as well as others, has remarked, that the developement of tubercle is arrested, although the disease is not subdued, by the pregnant state, as likewise by all large tumours of the abdomen. These conclusions are derived by Rokitansky from numerous post-mortem and other examinations; and although exceptions may occasionally occur, yet if their main truth be established by subseqnent researches, they may be rendered available in the history and treatment of various affections, and furnish a text for more extended inquiries by future pathologists.—*Med. Chir. Rev.*, Oct. 1842.

Dr. Watson on Cancer of the Stomach.—The case to which I allude was that of William Bedford, a man thirty-three years old, but looking much older, a farm labourer. He entered the hospital on the 30th of August, and many of the present auditory must remember him as a patient. At the period of his admission he was very thin and very feeble. His own statement, in reply to inquiries, was that he was affected with frequent vomiting--that he could retain nothing on his stomach—that no solid food could pass beyond a particular spot, which he pointed out at the lower part of the sternum—that the matter rejected at times appeared like phlegm, and subsequently had become a clear liquid like water—that some time antecedent to his admission he had been able occasionally to get a small morsel of solid food into the stomach—

that those occasions became gradually fewer, then altogether ceased—and that, for some time immediately prior to his coming to the hospital, he had been wholly unable to make the smallest morsel pass beyond the spot which he indicated—and that even the liquids to which he was compelled to resort for sustenance began to be rejected. At this time his bowels were sufficiently regular, his urine free, and not discoloured. It was very remarkable in this case, that the difficulty of retaining food on the stomach, or of even admitting it, had commenced at a very early age. The man was thirty-three years old when admitted to the hospital, and, from his statements, it had been ascertained that the difficulty had commenced full seven years before, when he was twenty-six years of age. The cancer, therefore—for such the disease was—had at that early period made such progress as to create the difficulty, which was experienced only occasionally at first; but, as the disease extended, the difficulty became more frequent, until finally ingestion of solid food into the stomach was utterly impossible, and every thing taken for sustenance was instantly rejected. When I examined the patient, on the day after his admission into the hospital, I found a sensible, defined hardness, across the epigastrtum, which was very distinct on the left portion of that region. This resisting hard substance was somewhat tender when pressed upon. Slight pressure on the tumour occasionally caused a crepitating sound, produced by the displacement of flatus. This showed that it could not be formed by a solid mass—the liver, for example, or by the enlarged head of the pancreas, which I have known to occasion a prominent tumour in this situation. It was not an aneurism, for there was no pulsation, nor could we detect any trace of the whizzing sound which generally accompanies aneurism of the abdominal aorta. We concluded, in short, that the patient laboured under scirrhus of the stomach. Moreover, as the food never seemed to enter the stomach, and was rejected almost immediately on being taken, I set the case down as one of cancer affecting the cardiac orifice of that organ. When the pyloric orifice is implicated in any disease which diminishes the *outlet* of the stomach, or impedes the passage of food onwards into the duodenum, while the cardiac opening or *inlet* remains free, then the food enters the stomach readily enough, and is retained there for some time, undergoing digestion more or less perfectly; and it is after this—some time after a meal—when the digested aliment fails to find its way through the natural channel, that it is rejected by vomiting.

Nothing administered was found to do the man any good—that is, any sensible permanent good; nor, indeed, from the diagnosis was any expectation of good to be indulged in. On the 19th of September the patient complained of a good deal of pain just above the navel, and on pressing the finger suddenly downwards in this part of the abdomen, it came in contact with a hard and tender substance. Four days afterwards I could find no trace of hardness or tumour; the epigastrium, however, was more prominent, and was resonant on percussion; indeed, the abdomen was altogether fuller than it had been. On the 5th of October I again searched for the tumour and hardness, but in vain. By this time the man had become extremely emaciated; he was sinking rapidly, and on the 7th of October he died. As I before remarked to you, nothing made any favourable impression on him; he took the liquor potassæ at one time, then hydrocyanic acid, and, as he was unable to get down any solid nutriment I allowed him some wine and porter, and egg-flip; these he sipped by teaspoonfuls. I also endeavoured to support him by nutritive enemata, and for a few days immediately previous to his

decease, enemata of beef-tea were thrown up; but this was found to cause so much distress and pain, without the possibility of effecting any good, that it was abandoned. For a few days before his death his appearance was remarkable; the face and neck were of a livid red, the tongue red and foul.

The diagnosis in this case was not very difficult, and was justified by what we found on examination after death. The cavity of the peritoneum contained a considerable quantity of a brownish coloured transparent fluid, of a very disagreeable odour. To the effusion of this liquid I attribute the fact that the tumour, which was partly formed by the stomach, and partly by omentum, ceased to be palpable at one time, though it was easily detected some time before. The lesson you may draw from this fact is, that negative signs, if I may so call them, are of less value than those which are positive. The absence of any apparent tumour was deceitful, but we were sure that it was there, because we had previously felt it. The tumour detected on the day of the patient's admission into hospital, and for three weeks subsequently, was formed by the indurated portion of the stomach; the second tumour, discovered on pressing the finger firmly above the umbilicus, was the omentum, which was rolled and matted together, and full of small masses of cancerous deposit. The stomach was small, and exhibited a fine specimen of scirrhus affecting both the cardiac and pyloric orifices of the organ. The lower part of the œsophagus and the upper portion of the duodenum were likewise involved in the disease. In addition to this, there was a growth of matter apparently cancerous, from the internal membrane of the stomach itself.

The mode of death in this case was particularly worthy of notice. It is not often that an opportunity occurs of observing a case of actual starvation, of death from total want of food, a gradual sinking under its effects. Such a phenomenon this case presented. During more than six weeks of his residence in this hospital the patient scarcely swallowed a morsel of solid food; he certainly retained none on the stomach; during the whole of the time he was kept alive by liquids, but he gradually wasted away; his heart acted with less and less vigour, and at length, while his intellectual faculties remained unimpaired, his pulse ceased to be felt at the wrists, and he expired from asthenia and syncope conjointly. One of the morbid symptoms of starvation is unusual fullness of the gall-bladder. That symptom was here developed; the fluid in the gall-bladder reached to the very edges of the orifice, and the bile was prevented from escaping, probably only by the pressure of the diseased and hardened parts on the excretory duct of the liver. Whether in analogous cases the bile is confined by some such mechanical cause or not, has not satisfactorily been ascertained. With all this quantity of bile, and the tendency to absorption that existed, there was no appearance of jaundice.

The case of William Bedford, then, was one of cancer; but on looking at the diseased parts now before you, you will see a false appearance of cancer, arising from hypertrophy of the muscular fibres which propel the digested food through the pyloric orifice of the stomach. Like all muscles impeded in action they have been excited to extraordinary efforts; and the increase of functional effort, according to a well-known law, leads to an increase of growth.

Cancer is a very obscure disease, and one of the most important subjects for the consideration of the pathologist. Its fatality and frequent occurrence, the acute pain by which it is generally attended, and its hereditary character, combine to render it of extreme interest. But another interest attaches to it

from the obscure nature of the organic element of the disease, and from its peculiar mode of growth. Recently much light had been thrown on the subject, and it is to be hoped that still greater light is about to be thrown on it, for all pathologists looked with anxiety to the result of Mr. Kiernan's investigations, which I believe will shortly be placed before the profession. In the "Lancet," Dr. William Budd, of Bristol, has published two very interesting papers, to which I would direct your particular attention. They were published in two consecutive numbers of that journal for May last, and they are written, as is every thing from the pen of Dr. William Budd, extremely well. Whatever may be the causes of cancer, it appears to be clearly ascertained. that, however numerous or distant from each other the parts affected by it, the infection proceeds from one original tumour. It often occurs that the disease manifests itself in different parts of the body, sometimes contemporaneously, sometimes at different periods. But all these are but branches of the same malady. Generally, the internal parts are affected at a period subsequent to the appearance of the disease externally. Dr. B. has directed attention to the progress of cancer under some of its ordinary phases. Let us state an example: a small hard knot is detected in the female breast, lying loose in that organ; this tumour enlarges, grows, fastens on the parts around, no longer lies loose in the cellular tissue, but contracts adhesions with the surrounding parts, spreads out its claws, as it were, like a crab (hence the name cancer), seizes on the glands of the axilla, and disseminates small tumours through the viscera. On examination after death, cancerous matter is detected in the viscera and lymphatic glands, and is frequently found in the lungs, the liver, and peritoneum. From these facts, and from the circumstance that the veins are found charged with the same cancerous matter, Dr. Budd infers (and a most important inference it is, if drawn from a sufficient number of authenticated facts) that the secondary tumours discovered in the viscera, and other parts so diseased, are derived from the first tumour—are caused by seeds from the primary or parent growth, conveyed by the blood to those localities, and form themselves new centres for the further dissemination of the complaint. Some curious results of the microscopic investigation of cancerous matter are adduced in aid of the hypotheses. The labours of Müller, who has investigated the minute anatomy of cancer by the help of the microscope, show that the substance of cancerous tumour is a soft kind of pulp, held loosely together by a fibrous web. The pulpy matter presents an organised form of an extremely interesting kind, being found to be almost entirely composed of minute globular cells, containing within their cavities a vast number of very minute granules.

Similar cells are found in the organization of portions of the vegetable kingdom. Those granules are supposed to be what are called cysto-blasts, or germs of new cells, and becoming detached from their parent cells, are carried about until deposited in some place where, from their size, they are unable to pass through the smaller capillary vessels, and there they become parent cells, and engender new growths. This is a consideration of immense practical importance, as, if fully established, it would of itself demonstrate the necessity of immediate removal of the first cancerous tumour by the knife, and of its complete removal. The timely extirpation of cancerous growths is thus indispensable. In very many cases removal by the knife has proved fully successful in wholly eradicating the disease; in many cases it has not been successful. But in the latter it is inferred that the removal

of the cancerous matter had not been complete—that either the operation had been deferred until the germs had been disseminated, or thatt the knife had not removed the whole of the diseased matter. So very minute are those germs, that it is altogether impossible to detect them, unless by means of miscropic power; and Dr. Budd recommends that the surface should be subjected to microscopic examination, as if on that surface be found any of those cells, the clear inference is, that others have been left behind, and consequently that the removal has been incomplete. In those operations the surgeon should cut away not only enough, but what may be called more than enough.

This subject, gentlemen, is altogether most interesting; but it requires further examination. What the exact nature, and what the origin of those minute cells, are as yet uncertain; they may be termed a sort of hydatids. They appear, like plants, gifted with an independent vitality, possessing the power of generation, increasing and multiplying prodigiously, and capable of being conveyed to remote distances from the parent growth, without losing their character or powers; they might indeed be appropriately called a sort of parasitic animal. What is the origin of the primary or parent growth, it is, at least as yet, impossible to say. Some authors contended that cancer is infectious and contagious. Dr. Budd states that Langenbeck injected cancerous pulp from a living body into the veins of a dog; the animal after some time wasted away and died, and on examination several cancerous tumors were found in his lungs. Soot is supposed to be a cause of cancer, and one species of that disease is known as chimney-sweeper's cancer. Dr. Budd has alluded to cases of cancer of the penis in men, whose wives laboured under cancer of the uterus, which would tend to establish the doctrine of its being contagious. The germs of cancer clearly possess an independent vitality, and are like parasitic animals, or a kind of fungous growth, perhaps somewhat resembling the disease known as scald head, which is now held to depend on a sort of crytogamic plant, the ***habitat*** or one of the ***habitats*** of which is the human head. As I totally disbelieve the doctrine of spontaneous generation, I cannot yield to the suggestion that these germs originate in the body, but am of opinion that they are introduced by some yet unascertained mode. The introduction of insects into the human frame by unknown means is familiar to us all, and from all that is known I am induced to believe that cancerous matter is similarly introduced. In conclusion, I would again impress on the student the necessity of pursuing this important investigation, and again strongly recommend to him a careful perusal of the whole essay of Dr. Budd, as most interesting and instructive.—***Prov. Med. Journ.***, Oct. 29, 1842.

The Hospitals of Italy. By Dr. Stricker.—The Universities of Padua and Pavia are arranged entirely on the Austrian footing; in the others all the lectures are gratuitous. There is but one course in the year; the vacation consists of July, August, September, and, by an abuse, of October also. To this must be added the numerous holidays, so that the number of lecture-days is often very limited; in Lucca, for example, only 143. Hence the time of study is continued pretty long: in the States of the Church, for instance, there is a philosophical course lasting two years, with an examination; then three years' study for surgeons, and four for physiclans; and, lastly, two years' practice in the *clinique*, after taking their degree, before admission to

the state examination. The practice of physic is more or less governed by three different systems; first, by Rasori's doctrine of contra-stimulus, of which Tommasini is the chief support; by Bufalini's system, who tries to explain diseases by organico-chemical disturbances; and by Pucinotti's, who endeavours to explain them by magnetico-electric disturbances; though the theories of the two last have but little influence on their practice. The treatment is on the whole simple, with much reference to diet: new remedies are admitted with difficulty, so that the *oleum jecoris aselli* (cod's liver oil) is not yet known in southern Italy. Homœopathy has found but few adherents, and hydropathy none. The *cliniques* are partly in the French style, as at Naples and Rome, where they are nothing more than lectures; and partly after the German manner, and at the bedside of the patient. *Polycliniques* [*i. e.* dispensary visits, together with pupils, at the patients' homes] are not usual.

In surgery and midwifery there is a great inclination to the practice of the French, whose principal works are translated into Italian, and whose instruments are used by preference. In the treatment of eye diseases they follow German authors more.

Naples.—In Naples there are three institutions for the study of medicine.

1. The University.

2. The Medical College in the neighbourhood of the *Incurabili*, for 120 young persons, who pay ten ducats a month. They have dormitories, a garden, and a public refectory; are present at the university lectures, and afterwards become assistants at the *Incurabili*.

3. The professors not yet appointed to chairs receive fees, for which they give lectures and hold a *clinique*. To the last belongs the medical *clinique* of Dr. Prudente, which he holds at the patient's bed-side, in the hospital of the *Madonna di Loreto*. Prudente also gives lectures on anatomy in the small lecture-room of his hospital. This hospital contains a collection founded by Pietro Sorrentino, which extends over the domain of mineralogy, botany, zoology, and anatomy. It possesses many wax preparations, *e. g.* the aurantiaceæ, the mollusca (which, however, have their natural shells), the diseases of the eye and the skin, and the varieties of the arteries according to Tiedemann. Giampetri is the director of the surgical division.

The principal civil hospital is the *Ospedale degl' Incurabili*, in an open situation on a small hill at the limits of the old town. It is capable of holding 2,500 patients, and has a revenue of more than 100,000 ducats. It contains the university *cliniques*, the medical one, and the surgical one under de Horatiis, where the representations of interesting cases, which are suspended on the walls, cannot be very cheering to the patients; the eye *clinique*, which, since 1821, had been under Quadri; and the obstetric one under Cattolica. The last has 45 beds for pregnant women, two beds for delivery, and an apartment for lying-in women. Besides the wards for patients, which are very large, and built in the form of a cross, the building contains a room for lithotomy; a ward for mercurial frictions; and one which serves as an *hospice* for old incurable ones; in addition to lecture-rooms, an anatomical theatre, a small *clinique* for examination, and an apartment for patients who pay 12 or 18 ducats a month.

Patients who want to be taken in, assemble in the morning in two wards, and are then selected.

The *Albergo dei Poveri*, also called *Reclusorio*, or *Seraglio*, the great building at the end of the *Strada Foria*, was originally intended to be a

square, but the front alone has been completed. This enormous poor-house, founded in 1742, contains 2,700 men and boys, mostly foundlings, who wear a uniform, and 700 women. In the lower rooms are workshops of different kinds; glass furnaces, a type foundry, a pin manufactory, a forge for arms, &c. The dormitories are airy, and contain from 56 to 128 beds each. The diet consists of bread, soup, macaroni, and wine for dinner, and soup, with bread, for supper; and three ounces of meat on Sundays, Thursdays, and holidays.

In the same building is the institution for the deaf and dumb, containing 32 pupils under the care of Cozzolino, who are instructed in religion, reading, writing, arithmetic, geography, and natural history. The patients of the *Albergo* go to the hospital of *St. Madonna di Loreto.*

Close by is the Botanic Garden, whose director is Tenore, and whose gardener is Denhardt, a Hanoverian. It contains a beautiful *tepidarium* of the Doric order, entirely covered with *Ficus stipulata:* the *caldarium* contains nothing but coffee-trees. The arrangement of the aquatic plants is bad. The plants are arranged in four squares according to Linnæus, and in two according to Jussieu.

The institution for the blind, *St. Giuseppe e Lucia*, on the Chiaja, is arranged after the pattern of the best institutions of the kind. One hundred and sixty blind persons are instructed in reading, music, mathematics, and geography: and they print their books themselves with letters in relief. There is among them an interesting case of *elephantiasis leonina.* The Director is Professor Quadri.

The Naval Hospital is also on the Chiaja; the best wards, which are on the first floor, are occupied by the marines; those on the second, by patients from the galleys.

In front of the Capuan Gate, in the Hospital of Prisons (*San Francesco*) is the anatomical, zoological, and pathological cabinet collected by Nanula, formerly Professor of Anatomy. It contains many most remarkable specimens. For example, there is a specimen of quintuplets, four female and one male; they were born at $6\frac{3}{4}$ months, and one lived a quarter of an hour, another half an hour. There is also an ossified ovary weighing $9\frac{1}{2}$ pounds. The collection, which is elegant, but ill arranged has been bought by the Government, and after the decease of the present prosessor is to be transferred to the University. Near it is the hospital called *Sta. Maria della Fede*, for girls of the town; the Director is Giampietri. There is an examination every Wednesday; when cured they are kept a week in the house and observed. The sores are touched with nitrate of silver. When the chief disease is in the glands, the general treatment consists of [mercurial] frictions; when the bones principally are affected, of Dupuytren's sublimate pills. According to the principles which prevail here, the patients have nourishing diet; eleven ounces of bread, with three of meat, four of macaroni, and a tumbler of wine, for dinner; soup, with six ounces of bread, for supper. Schultz's work on the mineral springs of Naples (Berlin, 1837) may be consulted for information respecting the baths of Castellamare and Ischia; observing, however, that the baths of *Torre dell' Annunziata* have already failed.—*London Medical Gazette*, October 21, 1842.